



**TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS**

**APPLICATION FOR REPORT OF FOREIGN BIRTH FOR ADOPTED CHILD**

**Full Adoptive Name of Child:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_  
City Province Country

**Date of Birth:** \_\_\_\_\_ **Sex of Child:** ☐ Male ☐ Female

**Full Name of Adoptive Father:** \_\_\_\_\_

**Full Maiden Name of Adoptive Mother:** \_\_\_\_\_

**Legal Residence of Adoptive Parents at the Time of the Adoption:**

\_\_\_\_\_  
City County State

**We, the above named parents, hereby certify the information given above is correct.**

**Father's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Court:** \_\_\_\_\_

**Clerk's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please remit the fee of \$27.00 to prepare the report and issue one certified copy. Additional certified copies may be obtained at this time for \$4.00 each. Check or money order should be made payable to Tennessee Vital Records.**

**Also include the certified copy of the court order. Mail all documents and the required fee to:**

**OFFICE OF VITAL RECORDS  
CENTRAL SERVICES BUILDING, 1<sup>ST</sup> FLOOR  
421 5<sup>TH</sup> AVENUE NORTH  
NASHVILLE, TENNESSEE 37247**